

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-575)

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	b			1		
4	10			1		
5	8			1		
6						
7	10					
8	8					
9	10					
10	8			1		
11	8			1		
12	7			1		
13	8			1		
14	1					
15						
16	8			1		
17	8			1		
18	8			1		
19				1		
20	8			1		
21	6			1		
22	8			1		
23	8			1		
24	8			1		
25	8			1		
26	8			1		
27	1		1			
28		1		1		
29	2			1		
30	10			1		
31	10			1		
32	8			1		
33	10			1		
34	10			1		
35	10			1		
36	10			1		
37	10			1		
38	10			1		
39	10			1		
40	10			1		
41	10			1		
42	10			1		
43	10			1		
44	10			1		
45	10			1		
46	10			1		
47	10			1		
48	10			1		
49	10			1		
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53	1		1			
54		1	1			
55	1			1		
56	1			1		
57	4			1		
58	4			1		
59	1			1		
60	1			1		
61	1			1		
62	1			1		
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS